Candidate

Election Year: ...

STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only

COVER PAGE

	blic Document		
(FIR S T)	(MIDDLE)		
Brad	D.		Land Control of the C
CTY	STATE		ORHONAL: E-MAIL ADURESS
	Brad	Brad D. STATE	Brad D. OTY STATE ZIP CODE

wagenknecht		U,	-	Agent Assert
MAILING ADDRESS STREET [Business Address Acceptable]	CITY	STATE	ZIP CODE	III.
	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			
1. Office, Agency, or Court	······································	4. Schedul	e Summar	У
Name of Office, Agency, or Court:	and the second s	► Total numb		
County of Napa		including th	iis cover page	21
Division, Board, District, if applicable:		► Check appli	cable schedul	les #
Board of Supervisors		interests."		
Your Position:	ABBIERTY AND	I have disclo	osed interests (nedules:	on c
Board Member, District 1	and the state of t			
➤ If filing for multiple positions, list addition position(s): (Attach a separate sheet if		1 •	1 ⊠ Yes – s Less than 10% Own	
See attached list			2 🔲 Yes – s	
Agency: See attached list	<u></u>	Investments (10% or Greater Own	າຍເຂຸນ
Position:		Schedule B Real Property		che
		Schedule C	☐ Yes – s	cho
2. Jurisdiction of Office (Check at	! least one box)		s, & Business Pi	
State	thousand the same of the same	Schedule D	🛛 Yes – s	che
County of Napa		Income – Gift		
City of		Schedule E	Yes - s	che
Multi-County		Income - Gift	s – Travel Paym	
Other			-or-	Nº
		No report	table interests	മല ദ
3. Type of Statement (Check at le.	ast one box)		(44 ×21 V - >1 T V - 1 V - Q1 V - Y	W
Assuming Office/Initial Date:	JJ	5. Verificati	MINITER STATE OF THE STATE OF T	run, 44-4-ye
Annual: The period covered is January through December 31, 2009.	1, 2009,	I have used a		e dil
-or-		statement. I h		
O The period covered is/	through	of my knowledg attached sched		
Leaving Office Date Left:		I certify under p of California to		
O The period covered is January 1, 200 date of leaving office.	39, through the	Date Signed	M	1arc
-or-				
O The period covered is/	, through	Signa		

4. Schedule Summary		
► Total number of pages 4 including this cover page:		
▶ Check applicable schedules or "No reportable interests." I have disclosed interests on one or more of the attached schedules:		
Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)		
Schedule A-2 Yes – schedule attached Investments (10% or Groaler Ownership)		
Schedule B		
Schedule C Yes – schedule attached Income. Loans, & Business Positions (Income Other than Gifts and Travel Payments)		
Schedule D		
Schedule E		
-or-		
No reportable interests on any schedule		

ligence in preparing this statement and to the best contained herein and in any omplete.

under the laws of the State is true and correct.

h 23, 2010

FPPC Form 700 (2009/2010)

FPPC Toll-Free Helpline: 866/ASK-FPPC www.lppc.ca.gov

CALIFORNIA FORM 700 2009 BRAD WAGENKNECHT

STATEMENT OF ECONOMIC INTERESTS

1.

Office, Agency or Court Expanded List:

Agency	<u>Position</u>
Napa County Board of Supervisors	Board Member
Napa County Board of Equalization	Board Member
Silverado Community Services District	Board Member
Lake Berryessa Resort Improvement District	Board Member
Napa-Berryessa Resort Improvement District	Board Member
Monticello Public Cemetery District	Board Member
Napa County Public Improvement Corporation	Board Member
Napa County Housing Authority	Board Member
Plood Control & Water Conservation District	Board Member
Flood Protection & Watershed Improvement	Board Member
Authority	
In-Home Supportive Services Public Authority of	Board Member
Napa County	
Bay Area Air Quality Management District	Board Member
San Francisco Bay Conservation & Development	Board Member
Commission	
County Medical Services Program	Board Member
Local Agency Formation Commission	Commissioner
First Five, Napa County Children & Families Commission	Commissioner
Napa-Vallejo Waste Management Authority	Alternate Board Member
Upper Valley Waste Management Agency	Alternate Board Member
Regional Council of Rural Counties	Alternate Board Member
Treasury Oversight Committee	Alternate Board Member

SCHEDULE A-1

CALIFORNIA FORM 700 Investments Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial stalements.

FAIR POLITICAL PRACTICES COMMISSION	
Name	
Brad Wagenknecht	

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Umpqua Bank	Charter Oak Bank
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Banking	Banking
FAIR MARKET VALUE	FAIR MARKET VALUE
⊠ \$2,000 - \$10,000 □ \$10,001 - \$100,000	
\$100,001 - \$1,000,000	S100,001 - \$1,000,000
NATURE OF INVESTMENT Stack ☐ Other	NATURE OF INVESTMENT NATURE OF INVESTMENT NATURE OF INVESTME
(Describe) Partnership Income of \$0 - \$500 Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership Income of \$0 - \$500 Income Received of \$500 or More (Report on Schedule C)
#F APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF MOVESTHENT	NATURE OF ANYESTMENT
NATURE OF INVESTMENT Spock Other	NATURE OF INVESTMENT Slock Other
(Describe)	Desc/ibe)
☐ Partnership ☐ Income of \$0 - \$500 ☐ Income Received of \$500 or More (Report on Schedule C)	☐ Partnership ○ Income of \$0 - \$500 ○ Income Received of \$500 or More (Repon on Schedule C)
IF ADDUCABLE LIST DATE	IE ACCUSANCE LIST CATE
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPO S ED	ACQUIRED DI S POSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	TAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,000 \$10,000 - \$100,000
S130,301 - \$1,000,300 Dver \$1,000,000	\$100,501 - \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	□ Stock □ Other
	(Orscibe)
Partnership Income of \$0 - \$500 Socome Roceword of \$500 or More Repair on Scredule C)	Patinership Cincome of \$0 - \$600 Cincome Received of \$600 or Male Report on Schräde Ci
IT APPLICABLE, LIST DATE	F APPLICABLE, LIST DATE:
ACQL RED DISPOSED	AÓGURED DISPOSED
'	•

SCHEDULE D Income ~ Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Brad Wagenknecht

► NAME OF SOURCE	► NAME OF SOURCE
Winegrowers of Napa County	California State Association of Counties
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
P.O. Box 5937, Napa, CA 94559	1100 K Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Winegrowers Association	Association of Counties
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 ₁ 11 ₁ 09 s 65.00 Lunch	11 , 17 , 09 s 187.10 Dinner
	12,03,09 s 130.74 Dinner
	<u></u>
▶ NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	<u></u>
	\$
	<u> </u>
► NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
5	<u> </u>
Comments:	